

Madison County
Application for Sheridan/Alder Park District Commission

Date: _____

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Fax Number: _____ e-mail: _____

Are you a resident within the Park District Boundary? _____

Describe the reasons you are interested in this position _____

Describe any background, experience, and interests that you have which may assist you in performing the responsibilities of this appointment:

Occupation _____

Education _____

Experience _____

(Please attach a detailed resume if desired)

Have you served on any previous boards or in any governmental positions in the past? _____

Are you available for night meetings? _____

Are you available for daytime meetings? _____

Do you foresee any potential conflicts of interest that you might have in executing the duties of this appointed position? _____

If a conflict of interest arose for you, how would you deal with it as an appointed member of this board? _____

Signature: _____

Please sign and return completed application to: Sheridan/Alder Parks & Recreation District
PO Box 472
Sheridan, MT 59749